Mandatory treatment of individuals who abuse substances

A brief review of the literature

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Alberta Alcohol and Drug Abuse Commission (AADAC)
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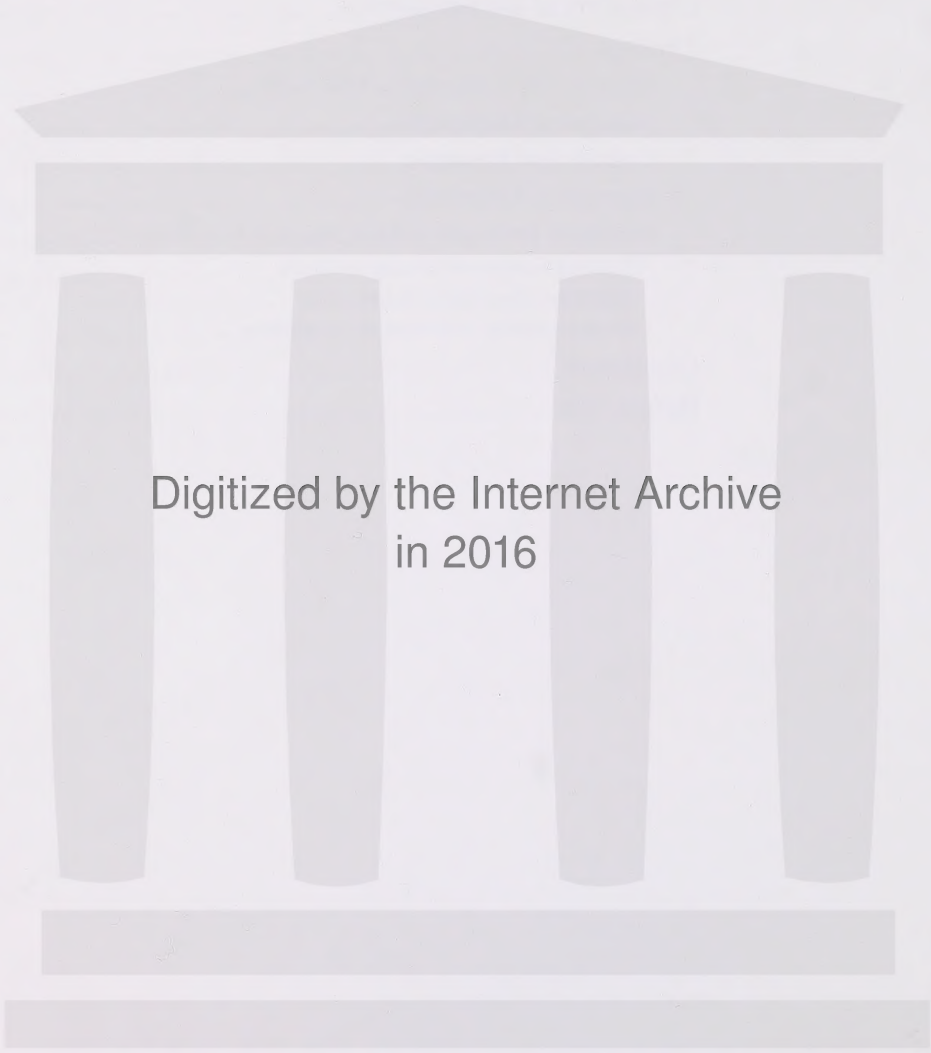

Summary

- Limited research exists examining the effectiveness of mandated treatment, and many of the published studies have methodological limitations
- The results from 30 years of published research on mandatory drug treatment are inconclusive
- Motivation, rather than whether treatment is coerced or mandated, may play a more important role in the positive outcomes in the treatment of substance abuse
- Although it is suggested that mandatory clients are less motivated to change, motivation is a flexible characteristic, and with readiness training, it is possible to improve client motivation to change
- Legal pressure may enhance motivation, which leads to behaviour change
- Among adolescents, pre-treatment substance use is predictive of post-treatment substance use
- Treatments that incorporate both the individual adolescent and their environment are likely to have longer lasting, more positive effects
- By providing mandatory treatment to at-risk youth, it is possible that criminal activity among this population may be reduced, especially in populations that are over-represented in the justice system

Background

On July 1, 2006, the Protection of Children Abusing Drugs Act was implemented within the province of Alberta. This act allows parents or guardians to apply for court-ordered attendance of substance-abusing minors into an assessment and detoxification facility for up to five days (Mugford & Weekes, 2006).

Mandated treatment for individuals who abuse substances is one of the most strongly debated topics in the addiction field (Klag, O'Callaghan, & Creed, 2005). This paper provides a brief review of the literature on the outcomes of mandated treatment in an attempt to provide information to guide evidence-based practices.

Methods

Resources were obtained from the following electronic databases: PsycINFO, SOCIOLOGICAL ABSTRACTS, and Medline. The literature search also included Google searches and an Alberta Government Library book search. Key words used in the search strategy were: drug rehabilitation, mandatory treatment, detoxification, and child or adolescent. Articles published since January 2000 were included in this review.

Limitations of the Research

There is limited research focusing on treatment outcomes for adolescents with substance use problems involved in mandatory treatment. Of the published studies that do exist, many have methodological limitations including small, unrepresentative sample sizes; lack of randomization among treatment and control groups; high drop-out rates; and lack of post-treatment follow-up (Muck et al., 2001). In addition, the adolescent participants mandated to drug treatment are generally involved with the criminal justice system and, as such, represent only a small proportion of adolescents who may struggle with problems related to substance use.

Furthermore, researchers often fail to recognize that substance users differ not only on whether or not they are mandated or voluntarily enter treatment, but also in relation to the following: 1) their degree of antisocial personality characteristics; 2) the severity of their substance use; 3) their levels of motivation to change (Klag et al., 2005); and 4) their perception of being coerced into treatment (Polcin & Weisner, 1999).

Findings

Effectiveness of Mandatory Treatment

In Canada, the mandatory treatment of individuals with substance use problems is relatively new. Mandatory treatment was first implemented in British Columbia in 1974 when The Heroin Treatment Act forced heroin-addicted persons to take part in a government-funded heroin treatment program. The act was withdrawn but was upheld by the Supreme Court of Canada (Mugford & Weekes, 2006). Unfortunately, limited resources are published describing the outcomes of clients mandated into treatment pursuant to this act.

Although many people believe that clients mandated into treatment are less likely to have successful treatments compared to those who enter treatment voluntarily, studies suggest this is not entirely true. Klag et al. (2005) and Dennis et al. (2002) examined 30 years of published works on mandated treatment and found mixed, inconsistent and inconclusive results. Many

of the empirical studies reviewed by Klag et al. suggest mandated clients do not differ from non-mandated clients in terms of outcomes. In an example involving participants who were described as highly, moderately or not at all legally coerced into a methadone maintenance treatment program located in the state of California, outcomes were not dependent on the level of coercion. These findings suggest the circumstances under which clients enter treatment have no significant impact on the outcome results. However, other reviewed studies indicate voluntary clients have better treatment outcomes, although mandated clients are more likely to remain in treatment longer. Additionally, among a Canadian prison population, those coerced into treatment were less likely to re-enter the criminal system, especially if treatment was maintained after release from the correctional facility (Porporino, Robinson, Millson, & Weekes, 2002). Still other researchers suggest legal pressure is either unrelated or negatively related to treatment outcomes (Mugford & Weekes, 2006).

Importance of Motivation

Client motivation is a dynamic personal characteristic that affects the entire progress of treatment and is essential for clients to remain free from the harmful effects of substance use. In treatment, motivation affects engagement in the recovery process and program retention rates and, when present, may lead to more positive treatment outcomes. More specifically, those motivated to change report more positive personal progress and a greater feeling of being psychologically safe within the treatment program, are less likely to relapse and report greater intentions to remain substance free (Hiller, Knight, Leukefeld, & Simpson, 2002; Young, 2002).

Opponents of mandated treatment argue that motivation is essential to the treatment process and those forced into treatment will be less intrinsically motivated. However, some studies suggest mandated clients may simply be more ambivalent to treatment. In other words, they no longer want to be dependent on their substance(s) of choice and they desire the negative effects of their dependence to cease, but they also do not want to give up the highs associated with their substance(s) of choice. Since motivation is not static but changes in response to external and internal events, it may be reasoned that motivation can be altered using evidence-based practices such as motivational interviewing and cognitive behavioural therapy. Mandated treatment may create both an external and internal crisis, which could conceivably motivate clients to participate and remain in treatment (Klag et al., 2005).

Coercion and Motivation

Clients who report both social and financial pressures are more likely to remain drug free and attend more treatment sessions compared to those who only identify legal, medical or family pressures as the main reason for entering treatment (Klag et al., 2005). Also, the greater the perceived

pressure for entering treatment, the more likely the client is to complete treatment. For instance, among a sample of 330 justice-based participants mandated to the same New York long-term residential drug treatment facility for illegal activities, it was found at the six-month follow-up that those who perceived the greatest legal pressure remained in the treatment programs nearly three times longer than those who reported less legal coercion (Young, 2002). This indicates that legal pressure may enhance motivation, which leads to behaviour change.

Importance of Readiness

Coercion can bring clients into treatment but cannot make them actively participate and engage in the treatment process. Motivation is highly associated with treatment readiness, which, according to Hiller et al.'s (2002) model, occurs when a client recognizes their substance use problem, desires help in order to reduce or eliminate the problem and is committed to a treatment program. At present, a client's motivational readiness can be measured using empirically validated instruments such as the Treatment Motivation Assessment. For clients scoring low on the readiness criteria, additional efforts (e.g., motivational interviewing) can then be directed to enhancing their desire to change (Mugford & Weekes, 2006).

Mandatory Treatment in the Adolescent Population

Treating Adolescent Substance Use

Just as with adult drug use, adolescent drug use is associated with cultural/ societal factors, interpersonal relationships and psycho-behavioural tendencies. Adolescent substance use is also very often enmeshed with other factors such as histories of abuse and concurrent disorders. In addition, similar to the process of adult recovery, adolescents' recovery process is non-linear: abstinence is not a product, but a process to maintain a lifestyle free from the harmful effects of substance use (Jainchill, Hawke, & Messina, 2005).

However, unlike adults, recovering adolescents are more likely to be dependent on their family system economically, physically and emotionally after leaving a residential treatment facility (Flanzer, 2005). Also, the younger the age of initiation of substance use, the greater the likelihood a substance use disorder will develop and continue throughout adulthood.

Practitioners agree that to treat the same level of functional impairment, adolescents require a greater intensity of treatment than adults do (Muck et al., 2001). According to Dennis et al. (2002), adolescents also differ from adults in the types of substances they use (adolescents report using greater amounts of methamphetamine and marijuana than adults), their patterns of use (binges and opportunistic use are more prevalent in adolescent

populations) and their cognitive abilities (adolescents are thought to have a limited ability to recognize potential problems associated with risky behaviour and are said to have greater difficulty planning long-term goals and delaying gratification).

In addition, adolescents identify different life issues compared to adults. For instance, adolescents are less often faced with needs for employment, parenting responsibilities or decades of criminal activity (McLellan, Lewis, O'Brien, & Kleber, 2000).

Mandated Treatment of Adolescents

Among a sample of 938 adolescent youth legally mandated into therapeutic communities across Canada and the United States targeting substance use and conduct behaviours, greater positive results were reported in relation to reducing adolescent criminal activity (e.g., no longer involved in delinquent behaviour) compared to reducing adolescent substance use (Jainchill et al., 2005). As well, at five-year post-treatment follow-up, persons who completed the program were less likely to report using drugs other than marijuana or alcohol than persons who did not complete the program. However, it is noteworthy that the strongest predictor of post-treatment substance use was the adolescent's substance use prior to treatment. In other words, higher levels of pre-treatment substance use were more likely to be associated with more frequent post-treatment substance use.

Although females were less likely to complete the entire treatment program, their post-treatment outcomes were better compared to their male counterparts. For instance, females reported less marijuana use at the five-year post-treatment follow-up and were less likely to be involved in any categories of criminal activity (Jainchill et al., 2005).

In Health Canada's *Best Practices: Treatment and Rehabilitation for Youth with Substance Use Problems* (Currie, 2001), key players from each Canadian province characterized youth involved with the criminal justice system who were also diagnosed with substance use disorders as more reluctant to enter treatment. Lack of motivation, limited familial support and structural barriers (which include limited access to treatment facilities within a juvenile justice system) were all reasons for their reluctance. However, it should be noted that this report has limited empirical evidence and is based on expert opinion rather than quantitative findings.

Evidence-based Treatment of Adolescents

Treatment aimed at youth should not merely guide them through the emotional terrain experienced in substance use treatment programs, but also teach them relational, educational and other life skills to support their recovery (Jainchill et al., 2005). As such, the treatment facility, albeit important in providing essential skills, is only one of many supports and services youth will encounter on their journey. Treatment programs should

fully take into account how individual, social and treatment factors interact to extend or curtail adolescent use of substances.

According to Muck et al. (2001), the key ingredients for effective adolescent substance use treatments include a) a core group of services that provide comprehensive assessments, therapy to the adolescent and their family, and aftercare; b) a minimum standard for duration and intensity of treatment; and c) a variety of staff, with a range of professional training and specialization, who work together to support recovery and maintenance. However, in a randomized control trial[1] examining the effectiveness of treatments on adolescent cannabis use, it was discovered that neither intensity nor type of intervention had sustained effects at a 12-month follow-up. Rather, the best predictors of positive post-treatment outcomes were the adolescent's initial response to the treatment program and the program's associated staff members (Dennis et al., 2002).

Twelve-step programs, cognitive-behavioural therapy, family-based treatments and therapeutic communities have shown varying degrees of success with adolescent substance use (McLellan et al., 2000).

Among a sample of adolescents enrolled in treatment, those who completed a 12-step program were more likely to remain abstinent at the six-month post-treatment than those who failed to complete the 12 steps. However, at two-years post-treatment there was no significant difference between the 12-step completers vs. the non-completers (Muck et al., 2001).

Results from cognitive behavioural therapy programs indicate a substantial impact on decreasing adolescent substance use (by more than 50% over the course of treatment), when compared to other types of counselling. Parents also report being very satisfied with their adolescent's progress in the behavioural programs (Muck et al., 2001).

After completing a family systems model of treatment, adolescents demonstrated improved grade point average, improved communication skills within the family, increased family cohesion, and reduction in drug use at six- and 12-months post-treatment (Muck et al., 2001).

The therapeutic community model is a long-term residential program typically reserved for adolescents with the most severe substance use and related problems. The therapeutic community model provides a surrogate family for the adolescent to live with; therefore, the adolescent is placed in a supportive environment to mature and grow. Completers of therapeutic community programs reported either less substance use or complete abstinence at a six-month follow-up (Muck et al., 2001).

[1] This study used five very different outpatient strategies and randomly assigned 600 adolescent participants to one of the five treatment groups (five- and 12-session motivation effectiveness training combined with cognitive behavioural therapy, family support network, adolescent community reinforcement approach, and multidimensional family therapy).

Multi-systemic therapy is an amalgamation of evidence-based practices. This approach is based on a socio-ecologic framework and assumes substance use is a product of antisocial behaviour and has many sources. By treating sources within the individual (e.g., social skills, attitudes and beliefs) as well as factors within the individual's environment (e.g., family, peer group, school and neighbourhood) including the social context, youth are not treated in isolation. Therefore, when adolescents return to their former environment, the gains made in treatment are not eroded (Erickson & Butters, 2005). In fact, adolescents attending aftercare facilities and associating with peers who are not substance users tend to have positive outcomes (Jainchill et al., 2005).

Conclusion

The implementation of the Protection of Children Abusing Drugs Act by the province of Alberta provides an important opportunity to increase the body of research on the topic of mandated substance abuse treatment of persons under the age of 18. While it may be too simplistic to classify groups of clients as mandated and non-mandated without taking into account motivation, engagement in the treatment process and ability to maintain a lifestyle free from the harmful effects of substance use (Klag et al., 2005), research is needed to systematically explore the role of mandated treatment within a comprehensive treatment model.

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